

**GROUP MEDICARE SUPPLEMENT POLICIES  
PLANS A through D, F, F\*, G, K through N**

Revised 01/11/16

COMPANY:
FORM(S):
DATE:
SERFF TRACKING NO.:

This checklist is not required to be included with a form filing. It should be used as a guide in determining which laws and regulations apply to the contract. The items listed below may paraphrase the law or regulation. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

**Brief Description & Law/Regulation Cite**

**“X” Means  
Applicable**

**Form/Page**

**A. Filing Incomplete or in Unacceptable Format**

A1. NAIC Company Number on Submission Letter <b>COMAR 31.04.17.03B</b>		
A2. Duplicate Forms - <b>COMAR 31.04.17.03A</b> (Paper filing)		
A3. Premium Rates and Actuarial Memorandum <b>COMAR 31.10.01.03A</b> (Include in same SERFF tracking number filing)		
A4. Listing of Forms - <b>COMAR 31.04.17.03C</b>		
A5. Description of New Features - <b>COMAR 31.04.17.03J</b>		
A6. Form Number - <b>COMAR 31.04.17.03D</b> (Form Number must be identical to Form Number in SERFF Form Schedule)		
A7. Corporate Name - <b>COMAR 31.04.17.03G</b> and <b>COMAR 31.10.01.03B</b>		
A8. Unacceptable Modifications - <b>COMAR 31.04.17.03H</b>		
A9. Specimen Data - <b>COMAR 31.04.17.03K</b>		
A10. Signature of Officer - <b>COMAR 31.04.17.03M</b>		
A11. Form contains items in brackets, denoting variability. Submit specific description of how each item can vary. Include specific text. – <b>COMAR 31.04.17.04A(2)</b>		

A12. Contracts Comprised of Insert Pages <b>COMAR 31.04.17.04</b>		
a. Description of How Pages will be Combined <b>COMAR 31.04.17.04B(1)(b)(i)</b>		
b. Listing of Substitute Pages <b>COMAR 31.04.17.04B(1)(b)(i)</b>		
c. Form Number and Approval Date for Pages Replaced <b>COMAR 31.04.17.04B(4)(a)</b>		
d. Copy of Currently Approved Contract <b>COMAR 31.04.17.04B(4)(b)</b>		
A13. Contracts Comprised of Sections <b>COMAR 31.04.17.04C</b>		
a. Description of How Sections will be Combined <b>COMAR 31.04.17.04C(1)(b)(i)</b>		
b. Listing of Substitute Sections <b>COMAR 31.04.17.04C(1)(b)(ii)</b>		
c. Form Number and Approval Date for Pages Replaced <b>COMAR 31.04.17.04C(3)(a)</b>		
d. Copy of Currently Approved Contract <b>COMAR 31.04.17.04C(3)(b)</b>		
A14. Advertising Prohibited - <b>COMAR 31.04.17.07</b>		
A15. Size of Type - <b>§15-201(d)</b>		
A16. Simplified Language (Readability Certification) <b>COMAR 31.10.02</b>		
A17. Illegible Form - <b>§12-205(b)(5)</b>		
A18. Filing Fee Insufficient - <b>§2-112(a)(9)</b>		
A19. If any portion of a form is in a language other than English, an English translation shall appear in the same form – <b>COMAR 31.04.17.03F</b>		

**B. Prohibited Submissions**

B1. Required Plans Not Filed – Plan A and Plan C or F <b>COMAR 31.10.06.28D</b> a. Plan A - <b>COMAR 31.10.06.28D(1)</b>		
b. Plan C or F required if make available any of additional benefits in <b>COMAR 31.10.06.27D</b> or Plans K or L in <b>COMAR 31.10.06.28H(8)</b> and <b>(9)</b> <b>COMAR 31.10.06.28D(2)</b>		
B2. Plans Are not Uniform in Structure, Language, Designation - <b>COMAR 31.10.06.28F(1)</b>		
B3. Benefit Provisions Do Not Appear in Required Order <b>COMAR 31.10.06.28F(2)</b> and <b>COMAR 31.10.06.28H</b>		
B4. Submission Includes Waiver Rider <b>COMAR 31.10.06.07B</b>		
B5. Plan Indemnifies Differently for Sickness Than For Accident - <b>COMAR 31.10.06.08B(3)</b>		
B6. Submitting More Than One Form of Each Type of Plan <b>COMAR 31.10.06.04D(1)</b>		
B7. Submitting Type of Form Within 5 years of Discontinuing Same Type of Form - <b>COMAR 31.10.06.04E(3)</b>		

**C. Required Basic Core Benefit (Plans A, B, C, D, F, F\* and G)**

C1. Medicare Part A Coverage a. To the extent not covered by Medicare, coinsurance for 61 <sup>st</sup> - 90 <sup>th</sup> day of hospitalization - <b>§15-906(a); COMAR 31.10.06.27C(1)(a)</b>		
b. To the extent not covered by Medicare, coinsurance for lifetime inpatient reserve days - <b>§15-906(a); COMAR 31.10.06.27C(1)(b)</b>		
c. Coverage for lifetime maximum additional 365 days of hospitalization after lifetime reserve days <b>§15-906(a); COMAR 31.10.06.27C(1)(c)</b>		
d. First 3 pints of blood - <b>§15-906(a); COMAR 31.10.06.27C(1)(d)</b>		

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e. Hospice care and respite care – <b>§15-906(a); COMAR 31.10.06.27C(1)(f)</b>		
C2. Medicare Part B Coverage a. Coinsurance amount, or in the case of hospital outpatient department services under a prospective payment system, the copayment amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to Medicare Part B deductible - <b>§15-906(a); COMAR 31.10.06.27C(1)(e)</b>		
b. First 3 pints of blood - <b>§15-906(a); COMAR 31.10.06.27C(1)(d)</b>		

**D. Additional Required Benefits - COMAR 31.10.06.27D**

D1. Medicare Part A Deductible (Plans B, C, D, F, F*, G) <b>COMAR 31.10.06.27D(1)</b>		
D2. Skilled Nursing Facility Coinsurance (Plans C, D, F, F*, G) <b>COMAR 31.10.06.27D(3)</b>		
D3. Medicare Part B Deductible (Plans C, F, F*) <b>COMAR 31.10.06.27D(4)</b>		
D4. Medicare Part B Excess (100%) (Plans F, F*, G) <b>COMAR 31.10.06.27D(5)</b>		
D5. Foreign Travel Emergency (Plans C, D, F, F*, G) <b>COMAR 31.10.06.27D(6)</b>		

**E. Required Benefit (Plans K and L)**

E1. Hospitalization a. Part A coinsurance for 61 <sup>st</sup> – 90 <sup>th</sup> day of hospitalization <b>COMAR 31.10.06.28H(8)(b)(i) and COMAR 31.10.06.28H(9)(b)(i)</b> • Plan K- 100% • Plan L - 100%		
b. Part A coinsurance for lifetime reserve days – <b>COMAR 31.10.06.28H(8)(b)(ii) and COMAR 31.10.06.28H(9)(b)(i)</b> • Plan K - 100% • Plan L - 100%		

<p>c. 365 days of hospitalization after lifetime reserve days <b>COMAR 31.10.06.28H(8)(b)(iii)</b> and <b>COMAR 31.10.06.28H(9)(b)(i)</b></p> <ul style="list-style-type: none"> <li>• Plan K - 100%</li> <li>• Plan L - 100%</li> </ul>		
<p>d. Medicare Part A deductible <b>COMAR 31.10.06.28H(8)(b)(iv)</b>, <b>COMAR 31.10.06.28H(8)(b)(x)</b>, <b>COMAR 31.10.06.28H(9)(b)(ii)</b> and <b>COMAR 31.10.06.28H(9)(b)(iii)</b></p> <ul style="list-style-type: none"> <li>• Plan K – covers 50% until out of pocket limit is satisfied, then 100%</li> <li>• Plan L – covers 75% until out of pocket limit is satisfied, then 100%</li> </ul>		
<p>e. Skilled Nursing Facility Care – coinsurance for 21<sup>st</sup> – 100<sup>th</sup> day – <b>COMAR 31.10.06.28H(8)(b)(v)</b>, <b>COMAR 31.10.06.28H(8)(b)(x)</b>, <b>COMAR 31.10.06.28H(9)(b)(ii)</b> and <b>COMAR 31.10.06.28H(9)(b)(iii)</b></p> <ul style="list-style-type: none"> <li>• Plan K – covers 50% until out of pocket limit is satisfied, then 100%</li> <li>• Plan L – covers 75% until out of pocket limit is satisfied, then 100%</li> </ul>		
<p>f. Hospice Care – <b>COMAR 31.10.06.28H(8)(b)(vi)</b>, <b>COMAR 31.10.06.28H(b)(x)</b>, <b>COMAR 31.10.06.28H(9)(b)(ii)</b> and <b>COMAR 31.10.06.28H(9)(b)(iii)</b></p> <ul style="list-style-type: none"> <li>• Plan K – covers 50% until out of pocket limit is satisfied, then 100%</li> <li>• Plan L – covers 75% until out of pocket limit is satisfied, then 100%</li> </ul>		
<p>g. First 3 pints of blood for Part A or Part B <b>COMAR 31.10.06.28H(8)(b)(vii)</b>, <b>COMAR 31.10.06.28H(8)(b)(x)</b>, <b>COMAR 31.10.06.28H(9)(b)(ii)</b> and <b>COMAR 31.10.06.28H(9)(b)(iii)</b></p> <ul style="list-style-type: none"> <li>• Plan K – covers 50% until out of pocket limit is satisfied, then 100%</li> <li>• Plan L – covers 75% until out of pocket limit is satisfied, then 100%</li> </ul>		

<p>E2. Medicare Part B Coverage</p> <p>a. Expenses under Medicare Part B, except for Preventive Services, after Insured pays Medicare Part B deductible – <b>COMAR 31.10.06.28H(8)(b)(viii), COMAR 31.10.06.28H(8)(b)(x), COMAR 31.10.06.28H(9)(b)(ii) and COMAR 31.10.06.28H(9)(b)(iii)</b></p> <ul style="list-style-type: none"> <li>• Plan K – covers 50% of cost sharing until out of pocket limit is satisfied, then 100%</li> <li>• Plan L – covers 75% cost sharing until out of pocket limit is satisfied, then 100%</li> </ul>		
<p>b. Preventive Services <b>COMAR 31.10.06.28H(8)(b)(ix) and COMAR 31.10.06.28H(9)(b)(i)</b></p> <ul style="list-style-type: none"> <li>• Plan K – 100% of cost sharing after Medicare Part B deductible</li> <li>• Plan L – 100% of cost sharing after Medicare Part B deductible</li> </ul>		
<p>E3. Cost Sharing After Out of Pocket Limit (indexed each year appropriate inflation adjustment specified by the Secretary after 2006)*</p> <ul style="list-style-type: none"> <li>• Plan K – 100% after Medicare A and B annual expenses of \$4,000 limit in 2006* - <b>COMAR 31.10.06.28H(8)(b)(x)</b></li> <li>• Plan L – 100% after Medicare A and B annual expenses of \$2,000 limit in 2006* - <b>COMAR 31.10.06.28H(8)(b)(x) and COMAR 31.10.06.28H(9)(b)(iii)</b></li> </ul>		

**F. Required Basic Core Benefit (Plans M and N)**

<p>F1. Medicare Part A Coverage</p> <p>a. To the extent not covered by Medicare, coinsurance for 61<sup>st</sup>-90<sup>th</sup> day of hospitalization - <b>§15-906(a); COMAR 31.10.06.27C(1)(a)</b></p>		
<p>b. To the extent not covered by Medicare for lifetime in-patient reserve days – <b>§15-906(a); COMAR 31.10.06.27C(1)(b)</b></p>		
<p>c. Coverage for lifetime maximum additional 365 days of hospitalization after lifetime reserve days - <b>§15-906(a); COMAR 31.10.06.27C(1)(c)</b></p>		
<p>d. First 3 pints of blood – <b>§15-906(a); COMAR 31.10.06.27C(1)(d)</b></p>		
<p>e. Hospice care and respite care - <b>§15-906(a); COMAR 31.10.06.27C(1)(f)</b></p>		

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F2. Medicare Part B Coverage a. Coinsurance amount, or in the case of hospital outpatient department services under a prospective payment system, the co-payment amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to Medicare Part B deductible – <b>COMAR 31.10.06.27C(1)(e)</b>		
b. First 3 pints of blood – <b>COMAR 31.10.06.27C(1)(d)</b>		

**G. Additional Required Benefits – (Plans M and N)**

G1. Medicare Part A Deductible – <b>COMAR 31.10.06.27(D)(1)</b> and <b>(2)</b> , <b>COMAR 31.10.06.28H(10)</b> , and <b>COMAR 31.10.06.28H(11)(a)</b> <ul style="list-style-type: none"><li>• Plan M – 50%</li><li>• Plan N – 100%</li></ul>		
G2. Skilled Nursing Facility Coinsurance (Plans M, N) <b>COMAR 31.10.06.27D(3)</b>		
G3. Foreign Travel Emergency – <b>COMAR 31.10.06.27D(6)</b>		
G4. Medicare Part B Copayments (Plan N)		
a. Lesser of \$20 or Medicare B coinsurance or copayment for office visits – <b>COMAR 31.10.06.28H(11)(a)(i)</b>		
b. Lesser of \$50 or Medicare Part B coinsurance or copayment for emergency room <b>COMAR 31.10.06.28H(11)(a)(ii)</b>		
c. Lesser of \$50 or Medicare Part B coinsurance or copayment for emergency room waived if admitted to hospital and emergency visit is covered as Medicare Part A expense - <b>COMAR 31.10.06.28H(11)(b)</b>		

**H. Required Provisions**

H1. Automatic Changes in Benefits to Coincide With Changes In Medicare - <b>§15-906(b)</b>		
H2. Guaranteed Renewable – <b>COMAR 31.10.06.27B(6)</b>		
H3. Extension of Benefits – <b>COMAR 31.10.06.27B(10)</b>		

H4. Suspension of Benefits – <b>COMAR 31.10.06.27B(11)</b> a. For persons entitled to medical assistance under Title XIX of the Social Security Act (Medicaid) <b>COMAR 31.10.06.27B(11)(a)</b>		
b. For persons entitled to benefits under 226(b) of the Social Security Act <i>and</i> covered under a group health plan as defined in 1862(b)(1)(A)(v) of the Social Security Act (Under age 65 Medicare disabled who secures employer's insurance) <b>COMAR 31.10.06.27B(11)(c)(i)</b> and <b>COMAR 31.10.06.27B(11)(c)(ii)</b>		
H5. Waiver of Time Limits for Replacement Policies <b>COMAR 31.10.06.18</b>		
H6. Renewal Provision – <b>COMAR 31.10.06.13B(1)</b>		
H7. Notice to Buyer on First Page – <b>COMAR 31.10.06.15A(3)</b>		
H8. Definitions – <b>COMAR 31.10.06.03A</b> a. Accident – <b>COMAR 31.10.06.03B(1)</b>		
b. Benefit Period – <b>COMAR 31.10.06.03B(2)</b>		
c. Convalescent Nursing Home – <b>COMAR 31.10.06.03B(3)</b>		
d. Health Care Expenses – <b>COMAR 31.10.06.03B(4)</b>		
e. Hospital – <b>COMAR 31.10.06.03B(5)</b>		
f. Medicare – <b>COMAR 31.10.06.03B(6)</b>		
g. Medicare Eligible Expenses – <b>COMAR 31.10.06.03B(7)</b>		
h. Physician – <b>COMAR 31.10.06.03C(1)</b>		
i. Sickness – <b>COMAR 31.10.06.03C(2)</b>		
H9. 30 Day Right to Return Certificate - <b>§15-910</b>		
H10. Conversion a. Policyholder termination - <b>§15-909(g)(1)</b>		
b. Individual terminates membership in group <b>§15-909(g)(2)</b>		
H11. Replacement a. Waiver of time limits – <b>COMAR 31.10.06.18</b>		



b. Offer of coverage to all persons covered under prior contract - <b>§15-909(g)(3)(i)</b>		
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**I. Prohibited Provisions**

11. Denial or Rating of Insurance if Application Submitted During First 6 Months of Enrollment in Medicare Part B For Individuals age 65 or older - <b>§15-909; COMAR 31.10.06.06A</b>		
12. Denial or Rating of Plans A and C if Application Submitted During the First 6 months of Enrollment in Medicare Part B for Disabled Individuals Under Age 65 - <b>§15-909; COMAR 31.10.06.06D</b>		
13. Premium Rates a. May not increase premium rates until at least 1 year after the certificate effective date <b>COMAR 31.10.06.04C(2)(b)</b>		
b. Starting 1 year after certificate effective date, may not increase premium rates for insured person more than once a year – <b>COMAR 31.10.06.04C(3)</b>		
14. Cancellation or Nonrenewal for Unacceptable Reasons <b>§15-909(f)</b>		
15. Exclusions More Exclusive Than Those of Medicare <b>§15-906(d)(1)</b>		
16. Benefits Duplicate Medicare Benefits - <b>§15-906(d)(2)</b>		
17. Plan Includes Benefit Not Permitted in Designated Plan <b>COMAR 31.10.06.27C(3)</b>		
18. Policy Bases Benefits on "Usual and Customary" or "Reasonable and Customary" Standards <b>COMAR 31.10.06.13B(3)</b>		
19. Termination of Insured Spouse's Coverage Due to Termination of Insured's Coverage <b>COMAR 31.10.06.27B(5)</b>		
110. State Hospital, Etc., Charitable or Otherwise - <b>§15-602</b>		
111. Reduction of Medical Assistance Program Prohibited <b>§15-502</b>		

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I12. Prohibited Discrimination for Domestic Violence Victims <b>§27-504</b>		
I13. Prohibition Against Use of Genetic Information and Requests for Genetic Testing – <b>COMAR 31.10.06.26</b>		
I14. Cannot Compete or Substitute Access to the 911 Emergency Service - <b>§15-126</b>		
I15. New or Innovative Benefits – <b>COMAR 31.10.06.28I</b> a. May not adversely impact the goal of Medicare supplement simplification. – <b>COMAR 31.10.06.28I(3)</b>		
b. May not include an outpatient prescription drug benefit <b>COMAR 31.10.06.28I(4)</b>		
c. May not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan – <b>COMAR 31.10.06.28I(5)</b>		

**J. Required Standard Provisions**

J1. Required Standard Provisions – <b>COMAR 31.11.10.03</b>		
J2. Entire Contract – <b>COMAR 31.11.10.04A</b>		
J3. Contestability of Coverage – <b>COMAR 31.11.10.04B</b>		
J4. Notice of Claim – <b>COMAR 31.11.10.04C</b>		
J5. Claim Forms – <b>COMAR 31.11.10.04D</b>		
J6. Proofs of Loss – <b>COMAR 31.11.10.04E</b>  For contracts that provide direct reimbursement to a provider, must include a statement that providers have 180 days from date of service to submit claim for payment - <b>§15-1005(d)</b>		
J7. Time of Payment of Claims - <b>COMAR 31.11.10.04F</b>		
J8. Payment of Claims – <b>COMAR 31.11.10.04G</b>		
J9. Legal Actions – <b>COMAR 31.11.10.04H</b>		
J10. Grace Period – <b>COMAR 31.11.10.04-I</b>		

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J11. Certificates – <b>COMAR 31.11.10.04J</b>		
J12. Addition of Employees/Members – <b>COMAR 31.11.10.04K</b>		
J13. Misstatement of Age – <b>COMAR 31.11.10.04L</b>		
J14. Premium Due Date - <b>COMAR 31.11.10.04N</b>		

**K. Optional Provisions**

K1. Physical Examination – <b>COMAR 31.11.10.07A</b>		
K2. Autopsy – <b>COMAR 31.11.10.07B</b>		

**L. Applications**

L1. Failure to File - <b>§12-203</b>		
L2. Failure to Include Required Questions and Statements <b>COMAR 31.10.06.14</b>		
L3. Insurance Fraud-Required Disclosure Statement <b>§27-805; MIA Bulletin 12-07</b>		
L4. Questions on Applications a. Seven Year Limit on Health Questions - <b>§12-205(b)(9)</b>		
b. May Not Inquire About Genetic Tests or Genetic Information - <b>§27-909(c); COMAR 31.10.06.26</b>		
c. Domestic Violence - <b>§27-504</b>		
d. Health questions must be asked to the best of the applicant's knowledge and belief or application must include statement that all answers provided are representations and are not warranties <b>COMAR 31.04.17.06E; §12-207</b>		
e. Questions about “hazardous activities” must list activities considered to be “hazardous” <b>COMAR 31.04.17.06C</b>		

f. Questions about the use of "habit-forming drugs" must specific drugs considered to be "habit-forming" <b>COMAR 31.04.1706D</b>		
g. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications" <b>COMAR 31.04.17.06F and 31.04.17.06G</b>		
L5. Application Changes - <b>§12-202(c)</b>		
L6. Representations, Not Warranties - <b>§12-207</b>		
L7. Proxy – <b>COMAR 31.04.17.08</b>		
L8. Good Health Warranty Not Permitted <b>COMAR 31.04.17.10B</b>		
L9. Certain States – <b>COMAR 31.04.17.06B</b>		
L10. The description of the preexisting conditions limitation is not the same as in the policy - <b>§12-205(b)(2)</b>		
L11. Check-off boxes required for carrier name if application is To be used by more than one carrier <b>COMAR 31.04.17.06-I(2)</b>		
L12. If application is to be completed by more than one individual, application signature box must clearly indicate that signature applies only to portion of application completed by that individual – <b>COMAR 31.04.17.06J</b>		
L13. Application shall stipulate the plan and amount of insurance and any added optional benefits applied for – <b>COMAR 31.04.17.06A</b>		
L14. Application for Plans A and C may not be limited to persons age 65 and over - <b>§15-909(b)(3)</b>		
L15. May Not Direct Medical Questions to: a. Persons Over Age 65 During the Open Enrollment Period - <b>§15-909(b)(1)</b>		
b. Disabled Persons Under Age 65 Applying for Plan A or C During the Open Enrollment Period <b>§15-909(b)(3)</b>		
c. Eight Classes of Persons Eligible for Guaranteed Issue Contracts – <b>COMAR 31.10.06.09-1</b>		

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d. Persons who are eligible for Medicare due to disability and under age 65 and lost coverage under Maryland Health Insurance Plan applying for Plans A and C during the 6 month guarantee issue period <b>§15-909(b)(3)(i)</b>		
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**M. Other**

M1. Preexisting Conditions (Also applicable to any Reinstatement provision in contract) a. Definition and Maximum Exclusion - <b>§15-909(d)</b>		
b. Must appear as separate paragraph <b>COMAR 31.10.06.13B(4)</b>		
c. Credit for Creditable Coverage <b>COMAR 31.10.06.06B</b>		
M2. Signed Acceptance of Rider Reducing Coverage or Increasing Benefits - <b>COMAR 31.10.06.13B(2)</b>		
• Separate Additional Premium for Rider Must be Shown in Policy - <b>COMAR 31.10.06.13B(2)</b>		
M3. Acceptable Guide to Health Insurance for People with Medicare Not Included – <b>COMAR 31.10.06.13B(6)</b>		
M4. Acceptable Outline of Coverage Not Included <b>COMAR 31.10.06.13E</b>		
M5. Acceptable Notice to Applicant Not Included <b>COMAR 31.10.06.14E</b>		
M6. Contract Governed by Maryland Law - <b>§12-209</b>		
M7. Must be Given At Least 40 Days Notice of Premium Increase – <b>COMAR 31.10.01.03R</b>		
M8. Payment of Claims - <b>§15-304; COMAR 31.15.08</b>		
M9. Failure to Include Group Contract and Certificate <b>§12-203</b>		
M10. Corrections Required in the Master Policy are Also Required in the Certificate - <b>COMAR 31.11.10.04J</b>		

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